

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name: I believe that I am the original, first and sole inventor [if only one name is listed below], or an original first and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention entitled GAME OF CHANCE, I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability in accordance with Title 37, Code of federal Regulation, Paragraph 1.56.

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

THEODORE JAY, REG. No. 17071

Address all telephone calls to THEODORE JAY at [914] 834-3769.

Address all correspondence to THEODORE JAY at 16 NORTH CHATSWORTH AVE., SUITE 600, LARCHMONT, NY 10538

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: JOHN McCANN

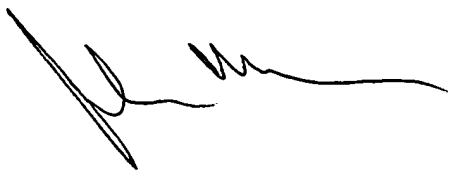
INVENTOR'S SIGNATURE

DATE 12-03-03

CITIZENSHIP: USA

ADDRESS: 1816 RIVIERA PARKWAY, POINT PLEASANT, NJ 08742

RESIDENCE: SAME

A handwritten signature in dark ink, appearing to be 'John McCann', written over a horizontal line.